

Fiscal Year 2016

Massachusetts Low-Income Home Energy Assistance Program (LIHEAP) Standardized Application Items and Authorization

THIS IS NOT AN OFFICIAL APPLICATION
APPLICANTS MUST APPLY AT A LOCAL LIHEAP ("FUEL ASSISTANCE") AGENCY

HOUSEHOLD INFORMATION: The following information must be collected from each household.

Agency Name: _____ (the "AGENCY") Application Number: _____

Application Type: (New / Re-certified). If re-certified, number of years in LIHEAP: ____

- *How did you hear about the LIHEAP ("fuel assistance")? (for new clients only)*
- ☐ Another program (internal referral) ☐ Media ☐ Outside agency (external referral) ☐ Utility Company
☐ Family/Friend ☐ MassSave ☐ Heating Oil Company
☐ Other: ____ (SNAP, word-of-mouth, website, flyer or brochure, etc.)
- *Do you speak and understand English? (Yes/No). If "No," which language(s) do you speak and/or understand?*

INDIVIDUAL INFORMATION: The following information must be collected from each member of a LIHEAP applicant household, including the "Head of Household." Applicants cannot be denied benefit for failure to provide a Social Security Number.

Last Name:	First Name, Middle Initial:	Date of Birth (<u>MM/DD/YYYY</u>):
Age (<u>0 - 12 months or yrs.</u>):	Gender (<u>Male/Female</u>):	Social Security Number (<u>all 9 digits</u>):

INCOME SOURCE(S): Total income (before taxes) and income source(s) for all adult members (age 18 or over) of households, including the Head of Household. Certain fixed income and income sources for minors must be documented and counted.

- No Income ("0" Income), if yes, attach a completed Low Income/No Income Form
- Wages (including bonuses, tips, overtime, strikers benefit)
- Self-Employment Income
- Social Security (SS)
- Supplemental Security Income (SSI)
- Transitional Assistance for Needy Families (TANF)
- Emergency Aid to Elders, Disabled and Children (EAEDC)
- Unemployment Benefit
- Veterans Benefit
- Retirement/Pension Income and Annuities
- Workers Compensation (including temporary disability insurance payments)
- Interest Income/Dividends (if yes, provide information on the following and supply the most recent statement):
 - ☐ Savings Account ☐ Checking Account ☐ Certificates of Deposit (CD) ☐ Stocks/Bonds
 - ☐ Trust Fund ☐ Pension/retirement funds/IRA ☐ Inheritances
- Rental Income (less allowable deductions)
- Alimony/Child Support
- Odd Jobs Employment Income
- Other Income
- Income from lump sum receipt(s):
 - ☐ Stocks/Bonds ☐ Capital Gains ☐ Royalties
 - ☐ Inheritances ☐ Insurance Payments¹
 - ☐ One time Alimony or Child Support² ☐ Pension/retirement³ ☐ Lottery winnings

¹ Excluding life insurance payments and qualified third party payments.

² Paid in lump sum in lieu of monthly payments.

³ Only applies to applicants who are 59 ½ years of age or older.

RACE AND ETHNICITY: Race and Ethnicity information should be collected from all household members. Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Hispanic, Latino, or Spanish | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian (Asian-Indian, Chinese, Korean, Vietnamese, etc.) |
| <input type="checkbox"/> Not Hispanic, Latino, or Spanish | <input type="checkbox"/> White | <input type="checkbox"/> Hawaiian or Pacific Islander |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |

EDUCATION LEVEL: For Adults, 24 years old or older, please check your highest level of education.

- | | | |
|--|--|---|
| <input type="checkbox"/> 0 – 8 th grade | <input type="checkbox"/> 9 th grade - 12/non-graduate | <input type="checkbox"/> High School graduate |
| <input type="checkbox"/> Some postsecondary | <input type="checkbox"/> 2 or 4 year college graduate | |

OTHER CHARACTERISTICS ABOUT YOU OR YOUR HOUSEHOLD:

Health Insurance Type

- | | | | | |
|---|---|-------------------------------------|--|--|
| <input type="checkbox"/> Private | <input type="checkbox"/> Medicare | <input type="checkbox"/> MassHealth | <input type="checkbox"/> Commonwealth Choice | <input type="checkbox"/> Health Safety Net |
| <input type="checkbox"/> Other: (specify) | <input type="checkbox"/> None (no health insurance) | | | |

Disability

- ☐ Is any member of the household physically or mentally disabled? (Yes/No)

HOUSEHOLD INFORMATION: The following information must be collected from each household.

*** Standard City or Town name must be used.**

CONTACT INFORMATION (MAILING ADDRESS AND E-MAIL)

Street Number:	Street Name:	Street Suffix (St., Ave. Blvd.):	Apartment # (if any):	City or Town: *	State:	Zip Code:
Area Code:	Phone Number (specify, if cell phone):		E-mail (optional):			

Do you currently live and will you live at this address during the heating season (November – April)?

- ☐ Yes ☐ No

HOME ADDRESS (IF DIFFERENT FROM ABOVE):

Street Number:	Street Name:	Street Suffix (St., Ave. Blvd.):	Apartment # (if any):	City or Town: *	State:	Zip Code:
Area Code:	Phone Number (specify, if cell phone):					

Do you currently live and will you live at this address during the heating season (November – April)?

- ☐ Yes ☐ No

FAMILY TYPE:

- | | |
|---|--|
| <input type="checkbox"/> Single Parent/Female Head of Household | <input type="checkbox"/> Single Parent/Male Head of Household |
| <input type="checkbox"/> Two-Parent Household | <input type="checkbox"/> Single Person |
| <input type="checkbox"/> Two Adults (no children) | <input type="checkbox"/> Other (for choices that are not listed above) |

FAMILY SIZE:

- Number of people in the household (Do not include Foster children)

HOUSEHOLD QUESTIONS:

- Is any member of the household a U.S. Veteran? (Yes/No)
- Does any member of the household receive SNAP (Food Stamps)? (Yes/No)
- Do you receive Foster Care payments? (Yes/No)
- If available, would you be interested in receiving information about benefits not related to fuel assistance? (Yes/No). If yes, specify: _____

HOUSING TYPE:

- ☐ Single Family ☐ Condominium ☐ Two-Family ☐ Three-Family ☐ Apartment (more than 3 units)
- ☐ Mobile Home ☐ Other (specify) _____

HOUSING STATUS, SUBSIDY, AND COST OF HOUSING:

- ☐ Own (Specify status if not current: ____ (past due, pre-foreclosure, foreclosed) ☐ Rent ☐ Other (Choices: homeless, double up, roommate, etc.)

RENTER INFORMATION: The following information must be collected from all renter applicants.

Landlord's First Name:	Landlord's Last Name:	Street Number:	Street Name:	Street Suffix (St., Ave. Blvd.):	Apartment # (if any):
City or Town: *	State:	Zip Code:	Area Code:	Phone number:	

* Standard City or Town name must be used.

- Do you live in public or subsidized housing? (Yes/No). (If "Yes," type of subsidy (circle one): HCVP (Section 8), MRVP, AHVP, other, not known.
- Housing Cost: \$_____ (Monthly)
- Do you own any real estate property other than your primary residence? (Yes/ No)
If yes, type/use of real estate property: _____

Energy Conservation:

- Do you use an air conditioner? (Yes/No) and if Yes, type of air conditioner: Window/Portable __ Central Air __
- Do you pay for your own heat? (Yes/No)
- How do you heat your home? (Oil, Natural Gas, Coal, Kerosene, Firewood, Propane, Electric, Other)
- Is heat included in the rent? (Yes/No)
- Do you share your heating system? (Yes/No)
- Does the heating system need repair? (Yes/No)
- Do you use secondary (additional) heating source(s)?⁴ If yes, specify: _____ (Oil, Natural Gas, Coal, Kerosene, Firewood, Propane, Electric, Other: _____).

PRIMARY HEATING COMPANY INFORMATION (as it appears on the bill):

- Heating Company's Name:
- Name on heating bill (if different from applicant's or person applying):
- Heating account number:

⁴ Secondary heating sources are used to enable the primary heat source to operate or are energy sources used to provide less than 50% of the space heating needs of the dwelling.

Massachusetts Low-Income Home Energy Assistance Program (“LIHEAP”)
FY 2016 LIHEAP Application Items and Authorization

- Did you receive a disconnection notice or did your heating oil company refuse to deliver fuel within the last 12 months? Yes/No.
- Have your services been disconnected or have you been out of fuel within the last 12 months? Yes/No.
- Has your heat been restored by fuel assistance within the last 12 months? Yes/No.

ELECTRIC COMPANY INFORMATION (as it appears on the bill):

- Electric Company’s Name:
- Name on electric bill (if different from applicant’s or person applying):
- Electric account number:

GAS COMPANY INFORMATION (as it appears on the bill):

- Gas Company’s Name:
- Name on gas bill (if different from applicant’s or person applying):
- Gas account number:

⇒ **THIS APPLICATION MUST BE COMPLETE AND SIGNED.**
PLEASE SEE BOTH SIDES. PLEASE TURN OVER. ⇒

APPLICANT DECLARATIONS AND AUTHORIZATIONS FOR USE OF PERSONAL INFORMATION:

I have read the application and make the following declarations and authorizations, effective immediately:

1. I understand the information on this application and supporting documents will be shared with and used to determine and verify my eligibility for the three programs: (i) **Fuel Assistance** which helps pay the cost of home heating energy; (ii) **Weatherization Assistance** which makes homes more energy efficient and comfortable; and (iii) **Heating System Assistance** which helps keep heating equipment in good and efficient working order through maintenance, repair or replacement. If this application is only for Weatherization or Heating System Assistance and is filed during or after the fuel assistance enrollment period, it will not be treated as an application for Fuel Assistance.
2. I give consent for the **AGENCY and/or the Department of Housing and Community Development (DHCD)** to share any information on this application and the supporting documents, including confidential information, with and among the following:
 - Other offices of the state and federal governments, their designated subcontractors and agents; and
 - My primary and/or secondary heating and energy utility company(ies), including my annual energy consumption cost, cost, usage data, utility charges, payment history and other account information.
3. I give the **AGENCY and/or DHCD** permission to obtain and share any data about my annual energy consumption, cost, usage data, utility charges, payment history and other account information from my primary and/or secondary heating and energy company(ies). I authorize the company(ies) to provide this information to the **AGENCY and/or DHCD**. I agree to hold the company(ies) harmless and release them from and against loss, demands, damages, or liability caused by such disclosure.
4. I give consent for the **AGENCY and/or DHCD** to share any information on this application and the supporting documents, including confidential information, with and among my primary and secondary heating and energy company/utility, if this could result in a discount on my heating/energy bill or other benefit from the supplier/company/utility. I do not have to agree to this in order to receive fuel assistance benefits, weatherization assistance and/or heating system assistance benefits. If I do not agree, I have the right to decline to have my information shared for heating and utility discounts and benefits. To decline, I will provide written notification to my energy company/utility companies and to this **AGENCY**.
5. I authorize any individual, company, agency, or other entity which has information about me or my household relevant to our eligibility for benefits, to release or disclose this information to the **AGENCY and/or DHCD**, including confidential information. This information may be shared as required by law and in any legal proceeding where doing so would result in my repayment. I authorize the **AGENCY and/or DHCD** to use the information I provide to make referrals on behalf of myself and my household and for other program purposes. I authorize the **AGENCY and/or DHCD** to transfer information relevant to my eligibility for benefits to other agencies if I move to another service area and request assistance at a new address.
6. I understand that eligibility for benefits does not guarantee their receipt, and eligibility for one service does not guarantee eligibility for other services. I understand that the timing or receipt of benefits for which I am eligible cannot be guaranteed.
7. I certify under the penalties of perjury that all information on this application, and all information I submitted or will submit in support of this application, is true and complete to the best of my knowledge. I am the only person in my household that has applied for LIHEAP benefits and my household has only submitted one application this program year.
8. I understand that information provided on this application and supporting documentation will be verified. I authorize the **AGENCY and/or DHCD** to contact individuals, agencies, and companies, including the Department of Revenue ("DOR"), the Social Security Administration ("SSA"), and the Massachusetts Department of Transitional Assistance ("DTA") to verify the information and to determine my household's eligibility. I understand that I may be subject to criminal prosecution as a result of any fraudulent statements in this application or associated documents.
9. I agree to cooperate in any requests to provide information to the **AGENCY and/or DHCD**, and understand that my failure to do so may result in termination, suspension, or repayment of assistance. I understand that before my benefits are terminated, suspended, reduced, or denied or other adverse action is taken against me because of information gained from the computer data matching processes with the SSA and other state agencies, I will be notified in writing of the potential action, provided an opportunity to contest it, and given information on how to do so.
10. I understand in the event I receive any type of fuel assistance, weatherization assistance, or heating system assistance benefits and I am later determined to be ineligible for them, I may be fully liable for the value of assistance received and that future benefits for which I become eligible may be reduced by any amount that I do not repay.
11. I understand that the **AGENCY and/or DHCD** may refer my information concerning a violation of the laws to the Massachusetts Bureau of Special Investigations, a District Attorney, or to the Attorney General's Office. This may result in further investigation, action, and/or criminal prosecution.

WAGE MATCH NOTICE

12. In accordance with state law (M.G.L. c. 62E), the **AGENCY and DHCD** shall participate in the Massachusetts Wage Reporting System ("Wage Match"). The income reported by fuel assistance, weatherization assistance, and/or heating system assistance

Massachusetts Low-Income Home Energy Assistance Program (“LIHEAP”)
FY 2016 LIHEAP Application Items and Authorization

recipients may be matched with wages reported by employers to the DOR. We are asking you and all adult members of your household (18 years of age or older) to provide or verify their Social Security numbers for this purpose. You and adult household members do not have to provide or verify Social Security numbers to be determined eligible under this application for the fuel assistance, weatherization assistance, and/or heating system assistance programs.

I verify that the Social Security number associated with my name related to this application is my Social Security number, and I authorize the use of my Social Security number and those of other adult household members for the purposes stated in the Wage Match Notice.

Other Adult household members:

Print Name for other household member(s)	Relation to Head of Household	Date of Birth	Social Security Number	Signature authorizing the use of my social security number of wage match

By signing below, I certify that I have read the above statements and agree to the declarations and authorizations, and to the Wage Match Notice set forth herein.

Print Name (Applicant): _____ Signature: _____ Date: _____